

Mail-in Renewal For Parking Permits

— for Carpool Permits —

Use this form to renew your NIH parking permit through the mail. Your parking permit will be mailed to you or you can pick it up. (See *Item 15 to select.*)

INSTRUCTIONS—

- (1) Complete all items on this form. **INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED.**

- (2) If more than two people are in your carpool, use additional forms and submit them all at the same time.

- (3) Send the form to the Employee Transportation Services Office (ETSO), **Building 31, Room B3B04.**

Fraud or misrepresentation on this application will result in loss of parking privileges at the NIH, disciplinary action and/or possible criminal prosecution.

EMPLOYEE #1:

1. Employee's Name (*Last, First, Middle Initial*)

2. Institute or Center Work Address (*bldg/rm*)

3. Work Phone No.

4. NIH Identification Number

5. Home Address (*Street address, City, State, Zip Code*)

6. Vehicle Information (*for up to three vehicles*)

<i>Year</i>	<i>Make</i>	<i>License Plate No.</i>	<i>State</i>

7. Signature of Employee #1

EMPLOYEE #2:

8. Employee's Name (*Last, First, Middle Initial*)

9. Institute or Center Work Address (*bldg/rm*)

10. Work Phone No.

11. NIH Identification Number

12. Home Address (*Street address, City, State, Zip Code*)

13. Vehicle Information (*for up to three vehicles*)

<i>Year</i>	<i>Make</i>	<i>License Plate No.</i>	<i>State</i>

14. Signature of Employee #2

15. Permit to be Obtained (*check one*) —

☐ I will pick up the permit at the ETSO, Building 31, Room B3B04.

☐ Please mail the permit to my home address (*in item 5 above*).

Please allow five business days to process your request. To find out the status of your request, please call 6-5050.

Privacy Act Statement

41 Section 101-20.104 of the Code of Federal Regulations authorizes collection of this information. The primary use of this information is by the NIH Parking Office in issuing NIH Parking Permits, but may also be used in determining allocation of NIH parking facilities. Additional disclosures of the information may be to: operating officials in carrying out their parking and transportation

responsibilities at NIH; and to a Federal, State or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law. Furnishing the information on this form is voluntary; however, failure to provide the information requested will result in disapproval of the request.

29. For Parking Office Use Only

Processed by	Date	Permit No.	Expiration date	<input type="checkbox"/> Permit mailed to home address <input type="checkbox"/> Permit placed in pick-up box